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HealthAllies FlexPlus

HealthAllies FlexPlus has been designed to encourage and help your clients' employees better manage their Flexible Spending Account (FSA). Combined with HealthAllies BenefitsPlus, employees benefit from significant savings on a wide range of discretionary medical procedures and services not covered by their current health insurance plan. Savings that are typically only available to large insurance companies, are available for a wide range of services including:

Healthcare Service

Laser Eye Surgery (LASIK)

Chiropractic Care

Cosmetic Dentistry (Crowns and Caps)

Teeth Whitening

Acupuncture

Savings

15-60%

20-50%

20-25%

20-25%

20-30%

HealthAllies FlexPlus provides access to information to aid employees as they estimate how much they will need to allocate to their account and assists them in the management of their medical spending throughout the year. An optional debit card can be linked to their FSA simplifying the payment of their healthcare bills by providing immediate access to their funds and eliminates the hassle of waiting for reimbursement. Year-end reminders are also sent to employees reminding them that their FSA year is coming to a close.

In addition to the optional debit card, each enrolled member is provided with a convenient HealthAllies membership card. This membership card can be used to access the discount rates with our network providers simply by presenting your membership card at the point of care. There is no need to reserve the discount in advance and there are no forms or claims to file at any time.

Find out more about how HealthAllies can address the full range of your clients' healthcare needs by [contacting us](#).

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**About FlexAmerica****Products & Services****COBRA****Online Services****Brokers & Consultants****Partner With Us****Job Opportunities****Benefit Links****Privacy & Security****What's New!****Online Proposal****Site Map****Contact Us****Customer Service****Home*****FSA Flex Convenience Card®***

FlexAmerica, at the election of sponsoring employers, can allow participants will have easier access to the funds set aside in their Health Care and Dependent Care Spending Accounts by using their Flex Convenience Card. The Flex Card allows participants transfer funds from their FSA directly to certain providers with no out-of-pocket cost and no need to file a claim for reimbursement.

The Flex Card is provided through the MasterCard network and can be used at any qualified service provider that accepts MasterCard. This is not a credit card but an off-line debit card that maintains participants' FSA balance(s). Participants may use the Flex Card for eligible health care and dependent care expenses such as medical deductibles, copayments not covered by a health plan, prescriptions, dental or vision related expenses and dependent day care.

When using the Flex Card, participants will be required to fax claims which were reimbursed with the credit card to verify eligibility of expenses or individuals.

The Flex Card operates with programmed merchant codes. Each provider accepting a MasterCard is assigned a Merchant Category Code. There are over 500 such codes, however, only those codes related to eligible expenses under the Flexible Spending Account are programmed on the card. FlexAmerica identified 23 of these codes as eligible for the health and dependent care accounts. Participants will be notified by FlexAmerica if they fail to send in the required documentation. They will have 10 business days to submit the requested documentation. **If you do not send in the requested documentation your card will be turned off and the money will be deducted from your next paycheck.**

NOTE: This card is intended only for, and is restricted to, use for eligible services associated with your Flexible Spending Account as governed by the rules established by the Internal Revenue Service in conjunction with IRC Section 125, "cafeteria plans". Please refer to Internal Revenue Service Publications 502 and 503 for eligible expenses. Both Publications are available at your local library, IRS office, or online at http://www.irs.gov/prod/forms_pubs/pubs.html. If you have questions regarding the Flex Convenience Card, you may contact us at (301) 530.9400 or email us at support@flexamerica.com. Your comments are welcomed and appreciated.

Frequently Asked Flex Card Questions & Answers**How do I activate my card?**

The card is activated the first time you swipe it for an eligible expense

Why did I get this card? I did not solicit this card or sign anything.

The Flex Card is a debit card offered to enhance your benefit package. The card is designed for use only at qualified providers or merchants that accept MasterCard and offer eligible goods or services for reimbursement under the Flexible Spending Account. Rather than paying out-of-pocket money for qualified expenses, filling out claim forms, submitting them with receipts and waiting for reimbursement, utilizing the card to pay for qualified expenses transfers the funds directly from your Flexible Spending Account to the provider.

Is this just another MasterCard?

No, this is not a credit card. It is a debit card that utilizes funds from your Health Care and/or Dependent Care Spending Accounts. Although this is a debit card, because it is an off-line debit card, it is treated like a credit card at a merchant or provider terminal because it does not require a PIN number before approving a transaction.

What is it used for?

The card should only be used for eligible medical products and services as outlined in the Internal Revenue Service (IRS) Publications 502 and 503. Some examples include such expenses as medical deductibles, copayments, non-covered prescriptions, dental or vision related expenses, and dependent care expenses.

Will the card know what expenses are eligible and what are not?

Each merchant or provider accepting a MasterCard is assigned a Merchant Category Code. There are over 500 such codes and the Flex Card accepts only 23 of those codes, all related to eligible expenses under your Flexible Spending Accounts. The card will instantly deny merchant or provider codes that have not been programmed on the card.

What will happen if I use my card for an ineligible expense?

If you make a mistake and purchase ineligible items with your Flex Card, you are required to send your receipt and a reimbursement check for the amount of the ineligible expenses to FlexAmerica.

What will happen if I don't send a reimbursement check for the amount of the ineligible expense?

If you do not reimburse your account, you will be held accountable should the IRS audit your taxes. Your card will be deactivated and your account will be frozen until that time that either reimbursement is received or the amount of eligible claims received is sufficient to cover the overpayment.

How does the card work?

Present your card to a qualified merchant or provider and via their charge terminal, they will swipe your card like any other credit card to pay for your purchase. Funds for eligible expenses will be transferred directly to the provider or merchant from your Health Care or Dependent Care Account through the MasterCard network. **REMEMBER, fax all your receipts to verify the eligibility of all expenses.**

Can the Flex Card identify how much of a product or service will be paid by my health plan?

No, you will need to check with your health plan to see what your plan will cover.

Will my transaction be denied if I don't have enough money in my account to cover the expense?

Yes, your transaction will be denied for any amount that is greater than the balance you have in your account. To avoid a transaction being denied, you should call or check the website at for your account balance prior to using the card.

What if my provider doesn't have a charge card terminal?

You can still utilize funds from your account as you have in the past by mailing in a claim form or faxing it to (301) 564.5191.

What do I do if my card is lost or stolen?

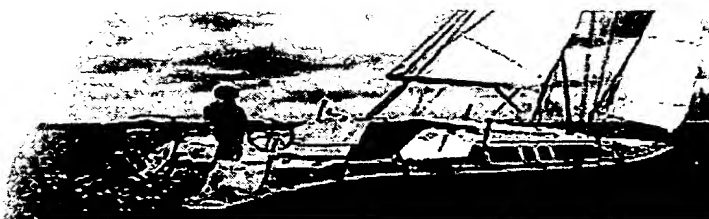
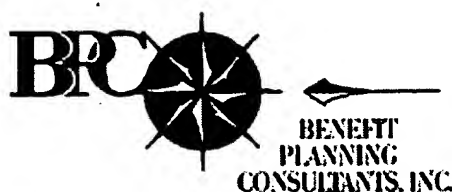
You should immediately call **FlexAmerica** at (301) 530.9400 to deactivate your card. You may order a replacement card for a fee of \$5 that will be taken from your account. Your replacement card should arrive within 7-10 days.

My card had a misspelling, is missing a middle initial, my name has changed, my card was never received may I order another card?

Yes, you may order another card; however, there will be a \$5 replacement fee taken from your account.

Can I change my address?

Yes, this change will not affect your account so there is no fee assessed. Any future cards or statements will then be sent to your new address.


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[Check Flex Balances](#)

What is the Flex Debit Card: The Flex Debit Card (also known as the **Flex Convenience Card**) is the newest addition to our Flex line-up. The card can be used nationwide wherever MasterCard is accepted to pay for qualifying medical and dependent care services. It looks like a regular charge card, but this card is used to take funds out of the Section 125 Flex account set up by your company under IRS guidelines.

How does the Card work? Simply present the Flex Debit Card at the time of purchase of qualified medical and dependent care services, and the payment will be deducted directly from your flex account:

1. No more waiting for your reimbursement check to arrive.
2. No more forgotten purchases.
3. Very little paperwork. Just fax the notification form with a receipt.

***The Flex Debit Card is
Fast, Efficient, Flexible, and Simple!***

Participants can Check Account Balances: Checking Flex Account Balances is easy. Participants can click on this link [Check Flex Balances](#) at any time to review their account activity and balance.

What are the Benefits of the Card? The Flex Debit card eliminates the need for your employees to "pay twice." It reduces the need to submit claim forms for reimbursement and helps diminish the fear of forfeiture. The card helps increase employee contribution amounts and also increases participation rates.

Will employee participation in our Flex plan increase? Participation in Flex plans is generally low because employees are reluctant to "pay twice" and most say that it is not worth the hassle of sending claim forms. Nationally, participation in SEC125 flexible spending accounts averages 20%. With the new Flex Debit Card, participation rates approach 40%! This means greater satisfaction and tax savings for both the employer and the employee.

Do I have to wait till the end of the plan year? Card

implementation can be done anytime during the plan year in as little as 30 days through Benefit Planning Consultants.

For more Information: Contact us at info@bpcinc.com or call us at (800)355-2350 or (217)355-2300. We will be glad to provide you with more information and answer any questions you may have.

Visit our web sites at www.flexdebit.com or www.FlexDebitCard.com or www.bpcinc.com

***Flex Debit Cards
Are The Smart Choice!***

"Guiding Organizations to Safe Harbor."

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How do I get a Flex Convenience Card?

If you are new to the TexFlex plan and wish to receive a Flex Convenience Card, you must call 1-800-342-8017 or [click here](#) to request the Flex Convenience Card on-line at no cost. You may request one additional card at no cost. Any additional cards are \$5 each.

How does the card work?

Your Flex Convenience Card works like a debit card. Simply present the card when paying for eligible healthcare and dependent care goods and services. Qualified purchases are automatically deducted from your reimbursement account balance.

- No out-of-pocket spending
- No more claim forms to submit
- No more waiting for your reimbursement check to arrive

Using the [TexFlex Fax Cover Sheet](#), fax or mail your receipts as soon as possible to FBMC, the claims administrator.

The Flex Convenience Card can be used nationwide wherever MasterCard® is accepted. There is a \$1.00 monthly fee and a \$0.50 transaction fee for each use of your card. Please add these fees into your annual estimation; all fees are deducted tax-free from your salary as a part of your Reimbursement Account.

The following is a partial list of expenses that are reimbursable and tax-free with a Health Care Reimbursement Account:

Acupuncture	In-vitro fertilization
Alcoholism treatment	Lab fees
Ambulance service	Laser Eye Surgery*
Artificial limbs	Learning disability tuition*
Birth control pills	Massage therapy*
Braille books and magazines	Nursing services*
Car controls for people with disabilities	Optometrist fees
Chiropractic care	Orthodontic treatment**
Contact lenses (corrective) and some supplies*	Orthopedic shoes
Crutches	Oxygen
Dental fees*	Periodontal fees
Dental implants	Prescription drugs to alleviate nicotine withdrawal symptoms
Diagnostic tests	Psychoanalysis
Doctors' fees	Radial keratotomy
Duplicate prosthetic devices	Smoking cessation programs/treatments
Drug addiction treatment	Special schools for people with disabilities*
Drugs (prescription only**)	Surgery +
Experimental medical treatment	Telephone for the deaf
Eyeglasses (corrective)	Transplants of organs
Guide dogs	Transportation for local and medically necessary out-of-town medical care
Hearing aids & exams	Vaccinations
Hearing treatment	Vitamins (prescription only**)
Hospital services	Wheelchairs
In-patient therapy for mental or nervous disorders	X-rays
Injections	

* To be eligible for reimbursement, some treatments, prescription drugs or services deemed cosmetic in nature require written proof of medical necessity from your healthcare provider.

** Not all drugs requiring a prescription are approved by the IRS as eligible for reimbursement.

+ Unused funds designated for Health Care Reimbursement Accounts cannot be refunded to you. Please verify with your healthcare provider (prior to the commencement of the upcoming plan year) that you are a suitable candidate for any surgical, medical, or dental procedure before committing the money to your reimbursement account.

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For website questions, contact [Webmaster](#)

Fringe Benefits Management Company

FLEX CONVENIENCE @ CARD

Welcome to Fringe Benefits Management Company's TexFlex Information Site.

TEXFLEX FORMS

This site provides you with personalized TexFlex Account updates, Flex Convenience Card information, TexFlex Claim Forms, Direct Deposit Forms, and Letters of Medical Need for your healthcare providers.

ACCOUNT INFORMATION

For more detailed plan information, refer to your **Summary of Benefit Programs** booklet which is available from your benefits coordinator. If you have any further questions, please contact FBMC Customer Service at 1-800-342-8017 or [Contact Us](#).

DEPENDENT CARE

You may have recently received your confirmation package for your TexFlex Healthcare and Dependent Care selections. Included in your package is a Dependent Care insert that listed kindergarten charges as eligible expenses - this is incorrect. In compliance with IRS regulations, the reimbursement of kindergarten expenses is not allowable through your FSA.

You will be receiving a corrected insert with allowable expenses for your Flexible Spending Plan in the next few days.

We sincerely regret this error and apologize for any inconvenience this might have caused you.

Special Note to Customers Receiving Letters From FBMC

You may have recently received correspondence from FBMC requesting additional documentation for charges against your TexFlex Debit Card.

- If you have a copy of your receipt or a statement from your service provider for the expenses in question, please fax them along with a copy of the letter to the toll free fax 1-866-325-1277.
- You may call your pharmacy or medical provider to request a printout of your (and your family's) services from September 1, 2000 through the present. Please make sure this printout includes the date and type of service, the amount of your expense, and if applicable, the prescription and RX#.
- If your provider charges you for the account information, please send/fax documentation of these charges to FBMC with a copy of the FBMC letter or claim form and medical receipts, and FBMC will reimburse you the cost of obtaining the documents. Note provider charges on the appropriate receipt. Do not include the provider charges on the claim form.

OR

- If you are unable to obtain your receipt(s) and have receipts for other eligible medical expenses during this plan year (9/1/2000 through 8/31/2001), you may substitute these for any missing Debit Card receipts.
 - When submitting your substitute receipts, complete a TexFlex Reimbursement Request Form. Write "SUBSTITUTE RECEIPTS" on the top of the form.
 - If the receipt amount is more than the substitute amount, the remaining balance will be processed and paid based on available funds.

- You may also mail any of the above information to FBMC, P.O. Box 1800, Tallahassee, FL, 32302.
- You will have until the end of the grace period, December 31, 2001 to complete this process.

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Last Updated 8/28/01
For website questions, please contact our Webmaster

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New debit card lets holders pay for medical flex services

The Buffalo News - 2/3/2001

By LISA HAARLANDER - News Business Reporter

Employees have long loved flexible spending accounts that let them put aside pre-tax dollars for health and day care expenses.

But many forget to save receipts or have to wait weeks to get reimbursed.

Beginning this month, employees at PBB Global Logistics, which has an office in Buffalo, can avoid the hassle of claim forms by using a special debit card to pay for medical services such as prescriptions, co-pays and contact solution. The card works with flexible spending accounts, dependent care plan accounts and medical savings accounts.

"When you go to the doctor, instead of paying with a personal check or using a personal credit card, you use the Flex Convenience Card," said Melissa Kohn of Michigan-based Med-i-Bank, which developed the technology.

The card works at any doctor's office or pharmacy that accepts credit cards. No special equipment is required and the card looks just like an ordinary credit card.

However, the Flex card is programmed to work with only certain types of merchants.

"If I tried to use this card at a gas station, it would reject it on the spot," Kohn said.

PBB is the largest of about a half a dozen local companies that are offering the cards to their employees as a free benefit. More than 300 employees from Miami to Los Angeles work for PBB, which offers international freight forwarding, customs brokerage, warehousing and distribution.

The company that administers PBB's benefits, ee-plan of Buffalo, is offering the Flex cards as a new option to its clients at no additional cost. In addition to eliminating paper work, employees can check their account balance at any time by visiting ee-plan's Web site.

In fact, offering the cards as opposed to claim forms has saved substantial amounts of money for companies in other parts of the country.

For every \$1,000 put into the pre-tax medical accounts, employers save \$76.50 in payroll taxes, according to ee-plan. But on average, about 12 to 17 percent of employees participate, Kohn said. At PBB, 15 percent of employees have pre-tax money deducted from their paycheck and put into these accounts, said Diane Locche, director of human resources.

"It's a no-cost benefit," she said. "If we get better participation, that decreases our taxes."

Having employees use a debit card rather than a claim form has boosted participation an average of 26 percent among companies using the technology, according to Med-i-Bank. A Baltimore hospital saw the number of employees participating triple over three years, Kohn said.

"I never participated in a flex plan before," Kohn said. "It wasn't worth the hassle. This year I put \$1,000 in my account."

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Welcome to **mbi**, creator of the **Flex Convenience**® card, the market leader in Section 125 card technology.

Established in 1995, Med-i-Bank, Inc. (**mbi**) is a privately held, Massachusetts-based company that, in concert with nationally recognized partners, has developed and is marketing the **Flex Convenience**® card system.

The **Flex Convenience**® card is a debit card that simplifies and enhances the health care purchasing power of individuals holding funds in Flexible Spending Accounts (FSAs), Medical Savings Accounts (MSAs) or Dependent Care Account funds (DCAs). It significantly reduces the time, costs and administrative burdens on employees, employers and their plan administrators who provide these cards as a benefit option to their employees.



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